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## APPLICANTS

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OA

## \*\* CONTINUING DATA \*\*\*\*\*

NONE OA

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE OA

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/08/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>Oliver A. Lynch</i> OA Examiner's Signature Initials	NY	9	28	3

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## TITLE

SYSTEM AND METHOD FOR PERSONALIZING DIALOGUE MENU FOR AN INTERACTIVE VOICE RESPONSE SYSTEM

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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